Effective on 12/08/2004.				Complete if Known				
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Application Number 10/580,360				
FEE TRANSMITTAL				Filing Date 03/12/2007				
For FY 2009				Named Inventor				
Applicant claims small entity status. See 37 CFR 1.27				Examiner Name Yuk Tir				
Typholate olams small ontry status. See 57 CTR 1.27			Art U	Art Unit 2164				
TOTAL AMOUNT OF PAYMENT (\$) 470.00			Attor	ney Docket	2316 - 0	61635		
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order Other (please identify):								
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name: The Webb Law Firm								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below  Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.								
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES								
	Small E		Small Entity		mall Entity			
Application Type	-,		Fee (\$)	Fee (\$)	Fee (\$)	<u>Fees</u>	<u> Paid (\$)</u>	
Utility	330 82		270	220	110	<del> </del>	· · · · · · · · · · · · · · · · · · ·	
Design	220 11	0 100	50	140	70			
Plant	220 11	330	165	170	85	<u></u>		
Reissue	330 16.	5 540	270	650	325		· · · · · · · · · · · · · · · · · · ·	
Provisional	220 11	0	0	0	0	••••		
· ·							Small Entity	
Fee Description Each claim over 20 (including Reissues)  52							<u>Fee (\$)</u> 26	
Each independent claim over 3 (including Reissues)							110	
Multiple dependent claims						390	195	
, ,		tra Claims 1	Fee (\$)	Fee Paid (\$)		Multiple D	ependent Claims	
	=	x	=			Fee (\$)	Fee Paid (\$)	
HP = highest number of total claims paid for, if greater than 20.								
<u>Indep. Claims                                    </u>	$\frac{3 \text{ or HP}}{=}$		Fee (\$)	Fee Paid (\$)				
HP = highest number of independent claims paid for, if greater than 3.  3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
100 = / 50 = (round up to a whole number) x =								
4. OTHER FEE(S)  Fees Paid (\$)								
	Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge): RCE (\$405); Three-month Extension (\$65)  470							
SUBMITTED BY	/	117	/ R	egistration No.	1		•-	
Signature	Signature (Attorney/Agent) 22,132 Tele						elephone 412-471-8815	
Name (Print/Type)	Name (Print/Type)   William H. Logsdon						Date June 23, 2010	